PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE and to a collection of information unless it displays a valid OMB control number

SUBMITTED BY 490.00							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 1252 Extension for response within second month 490.00							
100 = /50 = (round up to a whole number) x = Fees Paid (\$)							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
3. APPLICATION SIZE FEE							
4 - 5 or HP = 0 x = 0 HP = highest number of independent claims paid for, if greater than 3.							
Indep. Claims							_
47 -47 or HP 0 x 52 = 0 HP = highest number of total claims paid for, if greater than 20.					ee (\$)	Fee Paid (\$)	t.
Total Claims						173	
Each independent claim over 3 (including Reissues) Multiple dependent claims						220 390	110 195
Each claim over 20 (including Reissues)						52	26
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Provisional	220	110	0	0	0		
Reissue	330	165 540		650	325		
Plant	220	110 330		170	85		
Design	220	110 100	50	140	70		
Utility	330) <u>Fee (\$) Fee (</u> 165 540		220	110		
Application T	FI vpe <u>Fee (</u> \$	EARCH FEES Small Entity (\$) Fee (\$)		NATION FEES Small Entity Fee (\$)	Fees P	aid (\$)	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FEE CALCULATION							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP							
Check Credit Card Money Order None Other (please identify):							
METHOD OF PAYMENT (check all that apply)							
TOTAL AMOUNT OF PAYMENT (\$) 1,300.00		t		NV2-023USRCE			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1		1624		
For FY 2009			Examiner Nam		B. Kifle		
FEE	Filing Date First Named Ir		Malcolm CARTER				
Fees pursuant to				10/528,250-Conf. #2767 June 21, 2005			
				olete if Known			
Officer the Fa	perwork neduction Act of	1995, no person are required	to respond to a collec				control number

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Electronic Signature for Brian C. Trinque, Ph.D.: /Brian C. Trinque/ Dated: November 20, 2008